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COVER SHEET FOR AMENDMENT OF POST-TRAVEL SUBMISSION

Date/Time Stamp

SECRETARY OF THE SEMATE

2019 DEC -5 PH 2:29

Instructions: Use this form as a cover sheet for any paperwork you may need to submit to the Office of Public Records in order to make your Privately Sponsored Post-Travel Submission complete in accordance with Rule 35. Only complete this form if you need to submit an amendment to a post-travel filing you have already submitted.

SUBMIT DIRECTLY TO THE OFFICE OF PUBLIC RECORDS IN 232 HART BUILDING

D 1 : 0	Senator Tim Scott
Employing Office/Commit	
Travel Expenses Paid by (I	The Heritage Foundation
	day, October 9 - Thursday, October 10, 2019
Description/Title of Attach	Employee Post-Travel Disclosure of Travel Expense
	······································
	Corrected date of tr
Purpose of Amendment (de	scribe the reason for amending original submission):
Purpose of Amendment (de	Corrected date of trescribe the reason for amending original submission): and meal expenses to reflect my leaving the trip a day early
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Employee Post-Travel Disclosure of Travel Expenses

Date/Tir	ne Stam	p:	

Post-Travel Filing Instructions: Complete this form within 30 days of returning from

-	-	blic Records in 232 Ha	•		
In compliance with Rebe reimbursed/paid for	ule 35.2(a) and (c), I nor me. I also certify that	nake the following disclo	osures with respect to	travel expenses that have been or	·w
-	ate Sponsor Travel Ce The Heritage	prization (Form RE-1), and ertification Form with all Foundation		y, invitee list, etc.)	
	-	- Thursday, October	10, 2019		
Name of accompanying Relationship to Travel	er:	Child			
INCLUDE LODGING C Expenses for Employ	COSTS IN EMPLOYEE	EASE DUE TO THE ACC EXPENSES. (Attach addi	COMPANYING SPOUS tional pages if necessary	SE OR DEPENDENT CHILD, ONL	Y
	Transportation Expenses	Lodging Expenses	Meal Expenses	Other Expenses (Amount & Description)	
☐ Good Faith Estimate	\$14.14	\$152 + tax	\$102.00	n/a	
☑ Actual Amount					
Expenses for Accomp	panying Spouse or De	ependent Child (if applic	able):		
	Transportation Expenses	Lodging Expenses	Meal Expenses	Other Expenses (Amount & Description)	
☐ Good Faith Estimate •	n/a •	n/a	n/a	n/a	
☐ Actual Amount					
Reposide a description necessary.): See atta	of all meetings and evached agenda. Lef	ents attended. See Senate the final even	te Rule 35.2(c)(6). (A	ttach additional pages if	
(2) (3)/05/2019	Ethan Stric	Kland	Eth	- Struk	
TO BE COMPLETED	•	name of traveler) MEMBER/OFFICER:		(Signature of traveler)	
I have made a determin	nation that the expense		ctions with travel described	cribed in the <i>Employee Pre-Trav</i> in Rule 35.	el

12.05.19

(Signature of Supervising Senator/Officer)

(Date)